



## **INSURER'S** **HEARING MEMORANDUM**

*TO BE COMPLETED BY COUNSEL FOR THE INSURER PRIOR TO HEARING*

DATE: \_\_\_\_\_ BOARD #: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

INSURER: \_\_\_\_\_

COUNSEL FOR INSURER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNSEL FOR EMPLOYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ISSUES TO BE ADDRESSED AT HEARING (*PLEASE CHECK ALL THAT APPLY*):

- ☐ Liability, i.e., deny industrial injury
- ☐ Disability and extent thereof
- ☐ Causal relationship
- ☐ Deny entitlement to §36 benefits
- ☐ Deny entitlement to §13 & §30 benefits
- ☐ Proper notice
- ☐ Proper claim
- ☐ Deny serious & willful misconduct
- ☐ Other \_\_\_\_\_

Request Permission to Depose:

Dr. \_\_\_\_\_

\_\_\_\_\_

**ISSUES TO BE ADDRESSED AT HEARING:**

a. Stipulations of Fact: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Witnesses at Hearing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

c. Exhibits to be Marked at Hearing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

d. Medical Reports [Under 452 CMR 1.11 (6)]:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*Medical Reports must be accompanied by the physician's curriculum vitae or stipulation of qualifications.*

Will an Interpreter be Needed?:

YES ☐ NO ☐

Language to be Interpreted (if applicable):

***NOTE: The party offering testimony by a witness who requires an interpreter must provide a certified interpreter at the time of hearing.***